

Deposit Account Maintenance

Deposit Account Window Help



Deposit Account

Number: 502764

Balance Amount: 90.00

Holder

Name: ALVEOLUS, INC



Address

Attention:

TONY D. ALEXANDER

Street:

401 NORTH TRYON ST

10TH FLOOR

Province:

CHARLOTTE

City:

State:

NC

Postal Code: 28202

Country:

US

Telephone:

704-998-6011

Fax: 704-998-5301

Details

Category Code:

NONGOVNMNT

Type: REGULAR

Notification Amt:

0.00

Status

Access Code:

☒ Active

☐ Closed

KBETEMA1

05/08/2006

Notice of Fee Due

Date: 05-08-06

Application Number: 10/669,450

A fee is due for the attached document for the reason indicated below. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee*. If an authorization is not present, notify the application of the fee deficiency.

*If the fee due is for any of the filing fees, check for authorization to charge the surcharge. If authorization is present, charge the surcharge for late payment of the filing fees as well.

☐ Insufficient payment by check or money order.

☒ Insufficient funds in deposit account no.

☐ Insufficient payment by credit card.

☐ Declined credit card.

☐ No authorization to charge a deposit account.

Fee code(s) to be applied: 1806 180

Amount in holding fee code: 1622
2622
1999

Total remaining due from applicant: (80)

RAM Operator for